FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

144147

OMB APPROVAL

OMB Number: 3235-0076 Expires: December 31, 1993

hours per form:... 16.00



FORM D

Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicated	,
Grosse Isle 3-D Joint Venture	1712
Filing Under (Check box(es) that apply: ☐ Rule 504 ☐ Rule 505 ■ Rule 506	☐ Section 4(6) ☐ LÜLÖE COSSING
Timing contact (contact con(ta) man apply.	Seption
Type of Filing: ■ New Filing □ Amendment	- Condit
A. BASIC IDENTIFICATION DATA	0 0000
1. Enter the information requested about the issuer	20 5 9 5 9 5 9 5 9 9 9 9 9 9 9 9 9 9 9 9
Name of Issuer (check if this is an amendment and name has changed, and indicated cl	nange)
-	
Grosse Isle 3-D Joint Venture	Mysteria Colo
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
800 Sonterra Blvd., Suite 220, San Antonio, Texas 78258	(210) 490-4910 S
500 Sellicita Bavar, Salici 220, Sali alicente, actual constant salicitation (C. 1012)	
All CR: 1 1D 1 . O O O	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	rerephone rouniber (mendanig Area Code)
(if different from Executive Offices)	
Brief Description of Business: A Texas joint venture organized to drill one oil and/or gas well in Ve	rmilion Parish, Louisiana
Type of Business Organization	
corporation limited partnership, already formed	other (please specify) Joint Venture Interests
	1 77
business trust limited partnership, to be formed	AFF
	■ Actual □ Estimated □ Estimated
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated
	= Actual
06 08	JUL 3 1 2008
	initian Con Character TV
Jurisdiction of Incorporation or Organization: (Enter two letter U.S. Postal Service abbrevi	iation for State: TX
	sdiction) THOMSON REUTER
OTNICO AL INICTOLICATIONIC.	

GENERAL INSTRUCTIONS:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities & Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, DC 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION: Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- · Each general and managing partner of partnership issuers.

	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	■ General and/o Managing Partne
Full Name (Last name first, i	f individual)				
Venture Exploration Co	rporation d/b/a Co	ombined Resources Group			
Business or Residence Addre 800 Sonterra Blvd., Sui			de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/o Managing Partne
Full Name (Last name first, i	f individual)				
Dodd, Kevin C.					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	de)		
800 Sonterra Blvd., Sui	te 220, San Anton	io, Texas 78258			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/o Managing Partno
Full Name (Last name first, i	f individual)				
D -1 D -11 A 14-	ess (Number and	Street, City, State, Zip Co	de)		· ·
Business or Residence Addre	css (Number and	Succe, Ony, State, Esp Co	uc)		
<u></u>	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/o
Check Box(es) that Apply:	☐ Promoter			☐ Director	
Check Box(es) that Apply: Full Name (Last name first, i	☐ Promoter If individual)	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Check Box(es) that Apply: Full Name (Last name first, in Business or Residence Address)	☐ Promoter If individual)	☐ Beneficial Owner	☐ Executive Officer	□ Director	
Check Box(es) that Apply: Full Name (Last name first, in Business or Residence Addressed Box(es) that Apply:	☐ Promoter If individual) ess (Number and ☐ Promoter	☐ Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partne
Check Box(es) that Apply: Full Name (Last name first, in Business or Residence Addressed Box(es) that Apply:	☐ Promoter If individual) ess (Number and ☐ Promoter If individual)	☐ Beneficial Owner Street, City, State, Zip Co ☐ Beneficial Owner	☐ Executive Officer de) ☐ Executive Officer		Managing Partne
Check Box(es) that Apply: Full Name (Last name first, in Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, in State of S	☐ Promoter If individual) ess (Number and ☐ Promoter If individual)	☐ Beneficial Owner Street, City, State, Zip Co ☐ Beneficial Owner	☐ Executive Officer de) ☐ Executive Officer		Managing Partne
Check Box(es) that Apply: Full Name (Last name first, in Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, in Business or Residence Address o	☐ Promoter If individual) These (Number and ☐ Promoter If individual) These (Number and ☐ Promoter ☐ Promoter	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Street, City, State, Zip Co	☐ Executive Officer de) ☐ Executive Officer de)	□ Director	Managing Partne

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. INF	ORMAT	ION ABO	OUT OFF	ERING				
1.	Has the		i, or does	the issuer	intend to s	sell, to nor	n-accredite	ed investor	rs in this o	ffering?			No •
			,		wer also in								
2.	What is:	the minim	um invest	ment that	will be acc	ented from	m anv indi	ividual?					\$66,000
3.					nip of a sin	*	_						Yes No
					•	J							• □
4.	a person states, li	sion or sin to be list st the nar	nilar remu ed is an a ne of the	neration f ssociated broker or	each pers for solicitat person or dealer. It is informati	tion of pu agent of a f more tha	rchasers in a broker o an five (5)	n connecti r dealer re persons t	on with sa gistered w to be lister	iles of sec	urities in t EC and/or	he offerir with a st	ng. If ate or
Full	name (La	ast name f	irst, if ind	ividual)						•			
Busi	ness or R	esidence		· <u> </u>									
	800 Son	terra Blvd	., Suite #2	230; San <i>A</i>	antonio, To	exas 7825	8			•			
Nam		ociated Br		ealer									
		mpion Gr											
State					d or Intend							_	
	•				al States).								li States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND] [WA]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WI]	[FK]
Full	name (La	ast name f	irst, if ind	ividual)									
Busi	ness or R	tesidence											
Nam	e of Asso	ociated Br	oker or D	ealer									
State	es in Whi	ch Person	Listed Ha	s Solicite	d or Intend	ls to Solic	it Purchas	ers					
	(Check	"All State	s" or chec	k individi	ual States)								
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJx	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	JSD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	name (La	ast name f	irst, if ind	ividual)						,			
Busi	ness or R	Residence				-							
Nam	ne of Asso	ociated Br	oker or D	ealer									
State	es in Whi	ch Person	Listed Ha	s Solicite	d or Intend	ls to Solic	it Purchas	ers					
	(Check	"All State	s" or che	k individ	ual States)			States					
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJx	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	JSD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary).

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt..... \$ Equity..... □ Common □ Preferred Convertible Securities (including warrants)..... \$ Partnership Interests.... S \$2,904,000 Other (Specify _____joint venture interests __) \$ \$2,904,000 Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchasers on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors..... N/A Non-accredited Investors. Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Aggregate Dollar Amount Number of Purchases Type of offering Investors Rule 505 Regulation A Rule 504 Total

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information June be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fee		
Printing and Engraving Costs		\$ 5,000
Legal Fees	-	\$ 20,000
Accounting Fees		5,000
Engineering Fees		
Sales Commissions (Specify finders' fees separately)		\$ 435,600
Other expenses (identify) Organization Costs		
Total		\$465,600

-	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND	JSE O	F PROCEEDS			
•	1 and total expenses furnished to	e aggregate offering price given in response to P response to Part C - Question 4.a. This dier."	fferen	ce is the	<u>\$2,</u>	<u>438,400</u>	
5.	each of the purposes shown. If the a and check the box to the left of the contract of the cont	justed gross proceeds to the issuer used or proposition and purpose is not known, furnish an estimate. The total of the payments listed must essuer set forth in response to Part C - Question 4.	estima qual	ate			
	the adjusted gross proceeds to the is	such set form in response to Part C - Question 4.	o aoos	Payments to Officers,			
				Directors, & Affiliates		Payments to Others	
	Salaries and fees		•	\$ 116,500		\$	
	Purchase of real estate		•	\$ 266,000		\$	
		llation of machinery and equipment	_	\$		\$	
	_	ngs and facilities		\$		\$	
	Acquisition of other businesses (inc	luding the value of securities involved in this ge for the assets or securities of another					
	issuer pursuant to a merger)	- 		\$		\$	
	Repayment of indebtedness		\$		\$		
	Other (specify) Well Drilling and Co	ompleting Costs (I well)	•	\$2,055,500		\$	
	Column Totals		_	\$2,438,400		\$	
	Total Payments Listed (column total	Is added)	\$2,438,400				
		D. FEDERAL SIGNATURE					
ollowin	g signature constitutes an undertaking	signed by the undersigned duly authorized per by the issuer to furnish to the U.S. Securities are reto any non-accredited investor pursuant to pa	nd Exc	hange Commissi	on, up		
Issuer (Print or Type)	SIGNATURE		DATE	<u> </u>	/	
Grosse	Isle 3-D Joint Venture	John		//	<u>کح</u>	/2088	
	CC: (D.: (TD.)	Title of Signer (Print or Type)			(
Name o	of Signer (Print or Type)				•		

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions Yes No of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date	,
Grosse Isle 3-D Joint Venture	Ku plate 7/25 /20	12008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Kevin C. Dodd	President, Venture Exploration Corporation (the Joint Venture Manager)	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	2		3	4	-			5	
•	Intend to non- investor in State	accredited rs	Type of security and aggregate offering price offered in State (Part C - Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E - Item 1)		
State	Yes	No	Joint Venture Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		х	\$2,904,000			N/A	-0-		xx
AK			\$2,904,000			N/A	-0-		
ΑZ			\$2,904,000			N/A	-0-		xx
AR			\$2,904,000			N/A	-0-		xx
CA			\$2,904,000			N/A	-0-		xx
CO			\$2,904,000			N/A	-0-		xx
CT		-	\$2,904,000			N/A	-0-		xx
DE		-	1			N/A	-0-		
DC						N/A	-0-		
FL			\$2,904,000			N/A	-0-		xx
GA			\$2,904,000			N/A	-0-		xx
HI						N/A	-0-		
ID				}		N/A	-0-		xx
IA			\$2,904,000		· ···	N/A	-0-		xx
IN			\$2,904,000			N/A	-0-		
IL			\$2,904,000			N/A	-0-		xx
KS			\$2,904,000			N/A	-0-		xx
KY		-	\$2,904,000			N/A	-0-		xx
LA			\$2,904,000	-		N/A	-0-		xx
ME						N/A	-0-		
MD			\$2,904,000			N/A	-0-		xx
MA	 	1	\$2,904,000			N/A	-0-		xx
MI			\$2,904,000			N/A	-0-		xx
MN		<u> </u>	\$2,904,000			N/A	-0-		1
MS			\$2,904,000			N/A	-0-		
МО			\$2,904,000	<u> </u>		N/A	-0-		xx
MT						N/A	-0-		
NE						N/A	-0-		
NV		1	\$2,904,000			N/A	-0-		XX

SEC 1972 (5/91)

					APPENDIX				
1	Intend to non- investo in State	accredited rs	Type of security and aggregate offering price offered in State (Part C - Item 1)	Type of inverpurchased in (Part C - Iter				under S ULOE (if yes, explans waiver	
State	Yes	No	Joint Venture Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NH						N/A	-0-		
NJ			\$2,904,000			N/A	-0-		xx
NM						N/A	-0-		xx
NY		,				N/A	-0-		xx
NC			\$2,904,000			N/A	-0-		xx
ND						N/A	-0-		
ОН			\$2,904,000	***************************************		N/A	-0-		
OK						N/A	-0-		XX
OR			\$2,904,000			N/A	-0-		
PA			\$2,904,000			N/A	-0-		xx
RI			\$2,904,000			N/A	-0-		
SC			\$2,904,000			N/A	-0-		xx
SD						N/A	-0-		
TN			\$2,904,000			N/A	-0-		xx
TX			\$2,904,000			N/A	-0-		xx
UT			\$2,904,000			N/A	-0-		xx
VT						N/A	-0-		
VA			\$2,904,000			N/A	-0-		xx
WA			\$2,904,000			N/A	-0-		
wv			\$2,904,000			N/A	-0-		
WI			\$2,904,000			N/A	-0-		
WY						N/A	-0-		
PR	†	1				N/A	-0-		

